

**AFFIDAVIT & CERTIFICATE OF DEATH**

**Affidavit to prove death of joint tenant with right of survivorship and to establish title in surviving joint tenant.**

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

This day personally appeared before me, a notary public in and for this jurisdiction, **Peggy K. Butler**, who, having been duly sworn, states as follows:

1. I am Peggy K. Butler, one of the grantees in a Warranty Deed dated April 28, 1995, executed by James T. Brooks and recorded on May 2, 1995 in Book 284, Page 718 records of Warranty Deeds in the Chancery Clerk's Office of Desoto County, Mississippi.

2. The Warranty Deed conveyed real property to me and to my now deceased husband, Donald A. Butler, as joint tenants with right of survivorship and not as tenants in common.

3. The property conveyed by the Warranty Deed is described as follows:

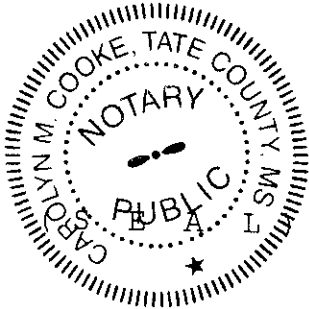
Lot 496, Section "B", Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, as per plat recorded in Plat Book 2, Pages 14-16, in the office of the Chancery Clerk of Desoto County, Mississippi.

4. My now deceased husband, Donald A. Butler, joint tenant with me in the ownership of the real property described above, died on October 26, 2005, leaving title to said property vested in me alone.

A certified copy of his death certificate is enclosed as Exhibit "A" to this affidavit.

Peggy K Butler  
PEGGY K. BUTLER

Sworn to and subscribed before me this the 10 day of  
July, 2006.



Carolyn M Cooke  
NOTARY PUBLIC

My commission expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES SEPT 2, 2009  
BONDED THRU STEGALL NOTARY SERVICE

**Address of Affiant:**

Peggy K. Butler  
8687 Yorktown Drive  
Southaven, MS 38671  
Home Tel: 662-393-6532  
Office Tel: n/a

**Prepared by, and return to after recording:**

Goeldner & Walsh Professional Association  
Attorneys at Law  
P.O. Box 1468  
Southaven, MS 38671-1468  
Tel. (662) 342-7700



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE  
NUMBER

PE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
REPRODUCTION  
HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>Donald Allen Butler</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>October 26, 2005</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>547-60-0633</b>		5a. AGE-LAST BIRTHDAY (Years) <b>59</b>		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) <b>May 9, 1946</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input checked="" type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) <b>Oakley, Idaho</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>Spring Gate Rehabilitation and Healthcare Center</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>		9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Peggy Karen Asbury</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Maintenance</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Federal Express</b>	
13a. RESIDENCE-STATE <b>Tennessee</b>		13b. COUNTY <b>Shelby</b>		13c. CITY, TOWN OR LOCATION <b>Memphis</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>3909 Covington Pike</b>	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38135</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>	
17. FATHER'S NAME (First, Middle, Last) <b>Dallas Butler</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Cecilia Ziegler</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Peggy Karen Asbury Butler</b>				19b. RELATIONSHIP TO DECEASED <b>Wife</b>			
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8687 Yorktown Drive Southaven, Mississippi 38671</b>				20c. LOCATION-City or Town, State			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, funeral home, or other place) <b>West Tennessee Veterans Cemetery</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS-789</b>		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>	
21d. LICENSE NUMBER OF EMBALMER <b>FS-789</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>429</b>			
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Twin Oaks Funeral Home 290 Goodman Road East, Southaven, Mississippi 38671</b>				23. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
24. DATE FILED (Month, Day, Year) <b>November 10, 2005</b>				25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>			
25b. LICENSE NUMBER <b>34810 TN</b>				25c. DATE SIGNED (Month, Day, Year) <b>11/3/05</b>			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>				26b. LICENSE NUMBER			
26c. DATE SIGNED (Month, Day, Year)				27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Laura A. Tavernier 6423 Shelby View Drive, Suite 103, Memphis, Tennessee 38134</b>			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Renal Failure</b> DUE TO (OR AS A CONSEQUENCE OF): <b>UNKNOWN</b> b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

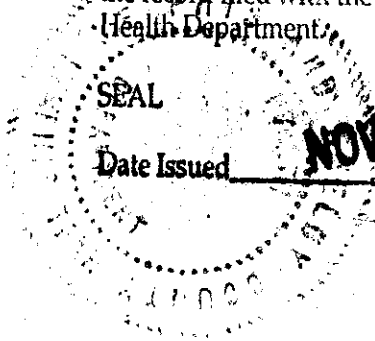
CLERK OR MEDICAL NER EXECUTING FICATE MUST LETE AND SIGN AL CERTIFICATION V 48 HOURS.

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 811 JEFFERSON AVE.,  
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of  
the record filed with the Tennessee Vital Records by the Memphis and Shelby County  
Health Department.



NOV 10 2005

Date Issued

by

Kenneth Johnson, Registrar  
Vital Records Section